

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE
IN AND FOR ☐ NEW CASTLE ☐ KENT ☐ SUSSEX COUNTY

In the Matter of:

C.M.#: _____

AN ALLEGED DISABLED PERSON

WAIVER OF NOTICE AND CONSENT

I, THE UNDERSIGNED, _____,
name of next of kin to the alleged disabled person
whose relationship to _____ hereinafter called the
name of the alleged disabled person
"alleged disabled person" is that of _____, hereby waive
next of kin's relationship to the alleged disabled person
my right to notice of the Hearing upon the Petition of _____
Petitioner's name
to be appointed Guardian of the alleged disabled person's Person and/or Property and hereby
consent to _____'s appointment as Guardian for the alleged disabled
Petitioner's name
person's (check all that apply) ☐ Person and/or ☐ Property without further notice.

Date

Next of Kin's Address: _____

Next of Kin's Signature

SWORN TO AND SUBSCRIBED before me on this date: _____

Notary Public or Clerk of the Court